

California and Western Medicine

Owned and Published by the
CALIFORNIA MEDICAL ASSOCIATION
Official Organ of the California and Nevada Medical Associations
 FOUR FIFTY SUTTER, ROOM 2004, SAN FRANCISCO

Telephone Douglas 0062

EDITOR GEORGE H. KRESS
 Associate Editor for California EMMA W. POPE
 Associate Editor for Nevada HORACE J. BROWN

Advertising Representative for Northern California
 L. J. FLYNN, 544 Market Street, San Francisco
 Advertising Representative for Southern California
 A. A. BUTTERWORTH, 223 E. Fourth Street, Los Angeles

Subscription prices, \$5.00 (\$6.00 for foreign countries);
 single copies, 50 cents.

Volumes begin with the first of January and the first of
 July. Subscriptions may commence at any time.

Change of Address.—Request for change of address should
 give both the old and the new address. No change in any
 address on the mailing list will be made until such change is
 requested by county secretaries or by the member concerned.

Advertisements.—The journal is published on the seventh of
 the month. Advertising copy must be received not later than
 the 15th of the month preceding issue. Advertising rates will
 be sent on request.

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EDITORIALS*

ON COMPENSATION TO PHYSICIANS—FOR PROFESSIONAL SERVICES RENDERED IN PUBLIC HOSPITALS

Survey Reports on Medical Costs.—The recent reports and articles concerning medical costs by foundations, survey committees, magazine contributors, and other interested agencies, many containing considerable criticism of the medical profession, have not been without value. Thinking members of the profession have been led to take stock of themselves and of their profession, so that the articles may be said to have been an incentive for more active effort in overcoming professional and organization weaknesses and deficiencies.

It cannot be denied that some of the articles have produced more or less justifiable irritation because of their uncalled for and unjust criticisms. Especially so to physicians who for years have given gratuitously of their best in public hospitals. To many physicians the thought has come that the medical profession in this somewhat materialistic age possibly was doing itself a great injustice when it failed to demand equitable rewards for the medical and surgical services rendered by phy-

* Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comments column, which follows.

sicians in public institutions, such as in county hospitals for instance. Under present conditions it is not strange that members of the medical profession should be coming to the conclusion that the physicians who give gratuitous services should be compensated for professional services so rendered in manner similar to that in which other citizens are paid who sell their services to such institutions. What follows in these lines has to do with this just stated thought.

* * *

An Interesting Hospital Survey in South Africa.—Some time ago, in one of the news letters of the *Journal of the American Medical Association*, appeared an item in which was discussed a survey which was being made by the "Medical Association of South Africa." In order to secure more detailed information, the editor wrote to the secretary of that Association. The replies to the editor's request are printed in this issue of CALIFORNIA AND WESTERN MEDICINE, page 68.

South Africa seems far away from California and geographically considered it is. But from the standpoint of medical services to citizens it is reasonable to assume that physicians in South Africa render professional services in much the same manner as do doctors of medicine in California. The letter from the *South Africa Medical Journal's* editor, printed in this issue of CALIFORNIA AND WESTERN MEDICINE and above referred to, presents certain facts in very fair fashion. The questionnaire blanks are also interesting, because they show how colleagues in a far-away country have proceeded to learn one another's views on certain questions, and also because with the questions are outlined the types of public hospitals in operation in South Africa. It is hoped that readers of CALIFORNIA AND WESTERN MEDICINE will take the time to scan these form blanks. They suggest methods which in modified fashion could be advantageously used in city, county, and state surveys in our own land.

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Los Angeles County General Hospital Contemplates a "Collection Bureau."—What may be called a sidelight on the above comments concerning compensation to physicians is the following excerpt from a news item which appeared in the *Los Angeles Examiner* of May 9 last:

"Los Angeles County is getting tired of giving free medical attention to persons able to pay and who do not make any attempt to meet their bills.

"When the Supervisors meet tomorrow in their regular budget hearing they will discuss the advisability of establishing a 'collection bureau' to force payment of bills for treatment administered to patients at the General Hospital."

If a plan such as above outlined is carried out, it will be a real innovation. However, one of its kindly results may be its influence in causing physicians and surgeons to question themselves concerning the whys and wherefores of their own gratuitous professional services in such a public institution, and why under such conditions these services should continue to be of a gratuitous nature.

Money Value of Gratuitous Professional Services Rendered in this Hospital.—As is well known, the Los Angeles County Hospital is one of the big hospitals of the United States. In addition to a large resident and intern staff it has an attending staff of about two hundred physicians and surgeons and specialists, practically all of whom are members of the Los Angeles County Medical Association. The June 11 hospital number of the *Journal of the American Medical Association*, page 2081, gives to the Los Angeles County Hospital, Unit One, a capacity of 1,462 beds and an annual turnover of in- or bed patients to the number of 30,884. The ambulatory service established less than ten years ago is credited with four to five hundred thousand outpatient visits annually.

Any estimate of the money value of the professional services rendered by the attending staff of a public hospital depends largely upon the value set for basic services. Several years ago in this journal the figures were presented indicating that the attending staff of the Los Angeles County General Hospital, Unit One, gave gratuitous medical and surgical services, which on a most modest money valuation for patient visits, minor and major surgical operations, amounted to more than five hundred thousand dollars yearly. It was also stated that although the rich county of Los Angeles did not give these attending staff members pay for services so rendered, it actually felt too poor to print a detailed annual report of the medical and surgical work done in the institution.

Comes now, to the surprise of the attending physicians and surgeons, a movement on the part of the County of Los Angeles to establish a "collection bureau" to collect, in a big way, moneys from all county hospital patients who can pay. Such collections from a few patients, either from the patients themselves or near relatives, has been in vogue for a number of years, but, according to reports in the public press, it is now contemplated to make such collections on a larger and more comprehensive scale. The Los Angeles County Medical Association and the attending staff of the Los Angeles County Hospital should be interested in this proposed collection bureau and should learn whether or not it is intended to repay to attending physicians and surgeons a portion of the moneys collected by the county for the "free medical attention" rendered. If the laborer is worthy of his hire, and if the County of Los Angeles is to collect for professional services rendered, then the physicians and surgeons who give such services should be taken into proper consideration when funds so received are allocated and distributed.

* * *

Latest Construction Costs of the New Unit of the Los Angeles County General Hospital.—Before leaving the subject of the Los Angeles County Hospital it may be proper to refer to another item printed in this issue of CALIFORNIA AND WESTERN MEDICINE. It is an excerpt from an article in the *Los Angeles Times* of June 8, in which the cost figures for the new acute unit of

the Los Angeles County Hospital are given. This new acute unit is not yet completed nor has it been equipped. How many thousands of dollars will be needed for such completion and equipment is not known.

The excerpt quotation is printed in full in this issue, page 69, and begins with the statement:

"A total of \$12,724,112.79 has been spent thus far on the new acute unit of the Los Angeles County General Hospital, largest institution of its kind in the world, according to figures compiled by County Auditor Payne, and turned over to the Board of Supervisors."

Attention also may here be called to the following paragraph regarding architects' fees for the drawing of plans and supervision of construction of this unit:

"According to the Auditor's figures, the architects on the committee handling the contracts for the new building have been paid, up to date, \$889,315.07 for their services."

The construction costs of this new acute unit of the Los Angeles County Hospital were discussed in the March 1930 number of CALIFORNIA AND WESTERN MEDICINE, page 193, under the heading "Construction and Maintenance Costs in the New Unit of the Los Angeles County General Hospital—What of Ultimate Results?" and in other issues.

From the editorial comments there and then made the following is taken:

"Mention was made of the massive new building now in course of erection. It was stated that this new building ' . . . will cost some \$10,000,000. Perhaps \$12,000,000 will be nearer the total cost of this new unit.'"

" . . . Two members of the Board of Supervisors emphatically declared they will insist that the cost of the completed building be held down to the original estimate of \$11,000,000."

These last quotations are the more interesting when contrasted with the cost figures which to date have reached a total of \$12,724,112.79 for the building of this almost monolithic structure which is yet to be completed and equipped!

* * *

Different Nature of Rewards to Architects and Physicians.—To the editor, who is a member of the Advisory Medical Board of the Attending Staff, and to others of that board who with him strove earnestly but in vain to prevent some of the things which have taken place in the construction of this new unit, there comes at times a feeling of sheepishness when it is recounted how on occasions in the past he and his colleagues on the board, all of whom have given gratuitous professional services to the institution for years, at conferences held with the architects paid for the dinners of the architects. While the members of the attending staff board still give gratuitous services to the institution, the architects for their work on this new acute unit have received a total of \$889,315.07 for their services to date. Can a legitimate reason be brought forward to explain why, when architects are paid for their services to the extent noted above, it should be insisted that members of the medical profession should

give gratuitously professional services that conserve the health and the lives of thousands of fellow citizens?

To add to the special features of this peculiar situation, the County of Los Angeles now proposes to institute a "collection bureau" to collect fees from persons able to pay, presumably to compensate itself for giving "free medical attention," but no mention has been made to date of repaying a portion of the fees so collected to the physicians and surgeons who actually supply the professional services.

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Analogous Conditions Exist in Other County Hospitals.—The above figures and facts furnish abundant basis for serious thought. In lesser quantitative degree problems such as have been here outlined concerning the Los Angeles County General Hospital have arisen in other county hospitals in California, and to the profession and lay people of these smaller and less wealthy counties are equally important. It must be apparent that the component county medical societies in California owe it to themselves and the people to know much more than they do about their respective county hospitals.

Truly, we of the medical profession may well survey ourselves and our gratuitous services to the public. We live in a changed day and generation. It is quite possible that important readjustments are needed. If so, it is not too soon to begin to educate ourselves and lay citizens concerning more equitable methods of procedure. Otherwise we may find ourselves in the rôles of martyrs at altars given over to worship of traditions and of civilizations that are behind us.

THE NEXT CALIFORNIA LEGISLATURE—ITS PUBLIC HEALTH IMPORTANCE

Petitions of Candidates for California Legislature Filed Before June 26.—This coming November California will hold a state election. At that time a new legislature will be elected. There are twenty senatorial seats and eighty assembly seats to be filled. As this is written, a press dispatch from Sacramento indicates that there will be a total of some 400 candidates for these 100 positions. The petitions of all candidates must be filed before June 26.

It is important for all county medical society committees on public policy and legislation from now on until the final election is held to be alert to their responsibilities. All members of the California Medical Association also have responsibilities, for the committees on public policy and legislation are only the leaders and spokesmen in this particular work.

After June 25 the public press throughout California will print repeated items concerning candidates for the legislature. Members of the California Medical Association should clip and file such items, for they can be of real use to committeemen and others.

Every member of the California Medical Association should also make it a matter of special business not only to know who will be the candidates from his own assembly or senatorial district, but also to know as much as can be gleaned concerning the background and public health viewpoints of each candidate.

The next California Legislature should be composed of assemblymen and senators having sound views on public health and of the rights of lay citizens to be properly protected in all matters of public health.

The duty of medical men and women who would live up to their civic and professional responsibilities is very plain in all this. It is to obtain the information noted above and to send the same in personal or other memoranda to county medical society secretaries for transmittal to county and state medical society committees on public policy and legislation. Our committeemen will appreciate such cooperation greatly. To be successful in the work for which they have been appointed they must have the active support of their colleagues. They are entitled to such support and should receive it.

ON THE OWNERSHIP OF X-RAY FILMS AND PRINTS

Bedside Medicine Symposium on Ownership of Roentgen Films and Prints.—Many medico-legal viewpoints have been given on the subject of ownership of x-ray films and prints. The subject is an everpresent source of controversial discussion, both in and out of the courts. From time to time a decision that seems to clarify the situation is handed down by some court only later to be set aside, on appeal to a higher court. In a recent case which was up before one of the courts in San Francisco, the learned judge rendered a decision on a point involving x-ray films and prints, giving an opinion quite different from that generally held by medical men.

Roentgen films and prints seem to have a peculiar fascination for the members of lay juries and even to some judges, and improper understanding of films and prints may easily jeopardize the reputation of a physician or surgeon. The subject is therefore one which is of great importance to the medical profession. Readers of CALIFORNIA AND WESTERN MEDICINE are invited to take the time to read the symposium printed in this issue. (See page 48.)

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Some X-Ray Notices and Safeguards to Be Used by Physicians.—All malpractice cases arising in California are brought to the attention of the California Medical Association Council for consideration and discussion. The Council at its San Francisco meeting held on May 28 authorized the publication in the official journal of certain notices to which its attention had been called by Dr. Henry J. Ullmann of Santa Barbara, who had been using such in his private practice. A special committee was appointed to study these. These